

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT'S

09/705 722
205700 09/705 722

CLAIMS

	AS FILED		AFTER (1st) AMENDMENT		AFTER (2nd) AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
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TOTAL DEP.	13		11																		
TOTAL CLAIMS																					